

215040553  
62757

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 011	Agency Case No. B5-092563	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/04/2015		TIME OF ACCIDENT 2325	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2334	10/05/2015	
B 50	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. HUNTINGTON		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
			60.00	X	N 46 ST	
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N 1	DRIVER VEHICLE LEGALLY PARKED/UNOCCUPIED			PHONE	LOCAL NO.	
V2/N 1	DRIVER ADDRESS CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
G 1	OWNER KRISTEN A MCKIBBEN			PHONE 4028904944	LOCAL NO.	
H 5	OWNER ADDRESS CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/O 1	LICENSE PLATE PA NO. RRF084	YEAR 1998	MAKE Toyota	MODEL RR5	BODY STYLE Medium/large	COLOR green
V2/O 1	VEHICLE ID NO. (VIN) JT3HN86R8W0147110	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$ 500			INSURANCE COMPANY NONE	
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P 8	DRIVER UNKNOWN			PHONE	LOCAL NO.	
V2/P 8	DRIVER ADDRESS CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
J 01	OWNER			PHONE	LOCAL NO.	
V1/Q 3	OWNER ADDRESS CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V2/Q 4	LICENSE PLATE NO. UNKNOWN	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K 01	VEHICLE ID NO. (VIN)	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$			INSURANCE COMPANY	
TOWED TO TOWED BY POLICY NO.						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-092563**

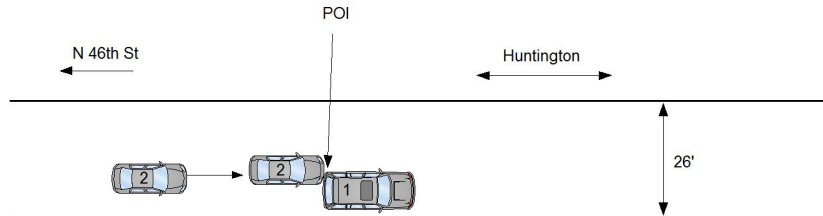


Indicate  
North  
by Arrow



POI  
60'10" east of the west curb of N 46th St  
6' north of the south curb of Huntington

AGL  
Top- 18"  
Bottom-16"



*Not To Scale*

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

W1 stated he was standing near his vehicle on Huntington and heard a 'scraping sound'. W1 stated he then observed a unknown motor vehicle backing up Huntington then drive forward east bound on Huntington. W1 stated the vehicle drove past him and nearly struck his vehicle which was parked on Huntington. W1 stated he is unsure of the type of vehicle and described it as a 'brand new, gray, four door car'. W1 stated he believed the LPN began with 'JR' and the last three numbers were '426'. W1 stated the vehicle was last seen turning southbound on N 47th St. Officers made contact with McKibben, registered owner, and notified her of the accident. McKibben stated she was not concerned her vehicle was hit. A business card and case number was left with the registered owner.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME <b>DOUGLAS T SCOTT 4641 HUNTINGTON AVE #7, LINCOLN, NE 68504</b>				PHONE <b>4025258897</b>
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)												
1					HUNTINGTON																
2			X		HUNTINGTON																
1	10				06 Turning left	POINT OF IMPACT	06	POINT OF IMPACT	02	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				Driver No. 1: 0, Driver No. 2: 1			
2	01				08 Entering traffic lane	MOST DAMAGED AREA	06	MOST DAMAGED AREA	02									Driver No. 1: Y, Driver No. 2: Y, Pedestrian: Y			
					01 Essentially straight ahead									ALCOHOL LEVEL TESTED: N X, N X, N							
					02 Backing									BAC LEVEL:							
					03 Changing lanes									ALCOHOL/ DRUGS SUSPECTED: 1, 5							
					04 Overtaking/ Passing									1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown							
					05 Turning right																
					06 Leaving traffic lane																
					07 Making U-turn																
					08 Entering traffic lane																
					09 Leaving traffic lane																
					10 Parked																
					11 Slowing or stopped in traffic																
					12 Other																
					13 Unknown																

OFFICER NO. <b>1700</b>	TROOP/ TEAM/ BEAT <b>NE</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Joseph Villamonte</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Joseph Villamonte</b>	DATE OF REPORT <b>10/05/2015</b>